

Medical Preferred Drug List

The Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Medical Preferred Drug List includes the listed products only and any other product may be available under a plan's medical benefit.

The listed preferred products must be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product.

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Acromegaly (Prior Use Exception Allowed)	Signifor LAR Somavert	Sandostatin LAR Somatuline Depot
Alpha-1 Antitrypsin Deficiency	Aralast Glassia Zemaira	Prolastin-C
Autoimmune Infused/Other (Prior Use Exception Allowed)	Actemra Cimzia Orencia	Entyvio Ilumya Simponi Aria Stelara
Autoimmune Infused Infliximab	Avsola Infliximab Remicade Renflexis	Inflectra
Avastin/Biosimilars (Oncology)	Alymsys Avastin Zirabev	Mvasi

*Non-preferred product(s) are only available if process exception criteria are met.

This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Listed therapeutic classes and specific drug preferred designations are subject to change based on new drug launches, product approvals, drug withdrawals and other market changes.

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Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Botulinum Toxins (Prior Use Exception Allowed)	Myobloc	Botox Dysport Xeomin
Breast Cancer- MAb (Prior Use Exception Allowed)	Margenza	Enhertu Kadcyla Perjeta Phesgo
Fertility Regulators - FSH	Follistim AQ	Gonal-F
Hematologic, Erythropoiesis – Stimulating Agents (ESA)	Epogen Mircera	Aranesp Procrit Retacrit
Hemophilia – Factor VIII- Long Acting (Prior Use Exception Allowed)	Esperoct	Adynovate Eloctate Jivi
Hemophilia- Factor VIII- Recombinant (Prior Use Exception Allowed Except for Helixate)	Helixate Recombinate	Advate Afstyla Kogenate Kovaltry Novoeight Nuwiq Xyntha

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Hemophilia – Factor IX-Recombinant (Prior Use Exception Allowed)	Benefix Ixinity Rixubis	Alprolix Idelvion Rebinyn
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Granix Leukine Neupogen Nivestym Releuko	Zarxio
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Flynutra Fulphila Nyvepria Udenyca	Neulasta Ziextenzo
Hereditary Angioedema (Prior Use Exception Allowed)	Berinert	Ruconest
Hereditary Transthyretin Amyloidosis (Prior Use Exception Allowed)	Tegsedi	Onpattro
Long-Acting Reversible Contraceptives	Liletta Nexplanon	Kyleena Mirena Skyla

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<i>Lysosomal Storage Disorders – Gaucher Disease</i> <i>(Prior Use Exception Allowed)</i>	Cerezyme VPRIV	Elelyso
<i>Multiple Myeloma Proteasome Inhibitors</i>	Kyprolis	Ninlaro Velcade
<i>Multiple Sclerosis (Infused)</i> <i>(Prior Use Exception Allowed)</i>	Lemtrada	Ocrevus Tysabri
<i>Paroxysmal Nocturnal Hemoglobinuria (PNH)</i> <i>(Prior Use Exception Allowed)</i>	Empaveli	Soliris Ultomiris
<i>Osteoarthritis, Viscosupplements – Single Injection</i> <i>(Prior Use Exception Allowed only for first cycle for a given joint)</i>	Durolane Gel-One Synvisc-One	Monovisc
<i>Osteoarthritis, Viscosupplements – Multi Injection</i> <i>(Prior Use Exception Allowed only for first cycle for a given joint)</i>	Gelsyn-3 GenVisc 850 Hyalgan Hymovis Supartz FX Synvisc TriVisc Visco-3	Euflexxa Orthovisc

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Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents	Lupron Depot Trelstar Zoladex	Eligard
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents		Firmagon
Retinal Disorders Agents (Prior Use Exception Allowed)	Byooviz Eylea Lucentis	Avastin
Rituximab	Riabni Rituxan Rituxan Hycela Ruxience	Truxima
Severe Asthma	Cinqair	Dupixent Fasenra Nucala Tezspire Xolair
Trastuzumab	Herceptin Herceptin Hylecta Herzuma Ontruzant Trazimera	Kanjinti Ogivri
Spinal Muscular Atrophy		Zolgensma

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